

Emergency Preparedness

What Do the ESRD Conditions for Coverage Require?



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*Grateful acknowledgment to Sherilyn Burris,
ESRD Network of Florida &
Kidney Community Emergency Response Coalition*

Objectives

At the end of this presentation, you will be able to:

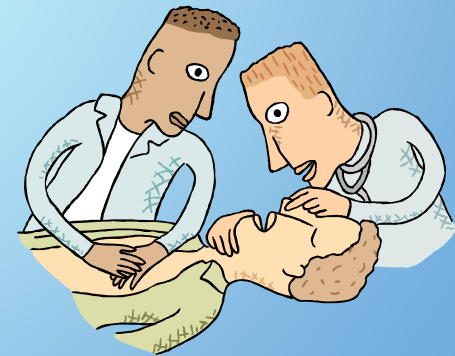
- Identify requirements in the ESRD Conditions for Coverage related to emergency preparedness for:
 - Patient medical emergencies
 - Non-medical in-facility emergencies
 - External disaster-preparedness
- Identify new Life Safety Code requirements related to the Fire Safety Plan

Conditions for Coverage for Emergency Preparedness

- Section 494.60(d) Physical Environment Condition contains the standards for emergency preparedness and fire safety
- V Tags 408-419
- Intended to ensure facilities are sufficiently prepared so the health and safety of patients, staff and public are protected

For What Patient Medical Emergencies Should Facilities Prepare?

- Cardiac arrest
- Air embolism
- Adverse drug reactions
- Suspected pyrogen reactions
- Profound hypotension or hypertension
- Significant blood loss
- Infectious outbreak



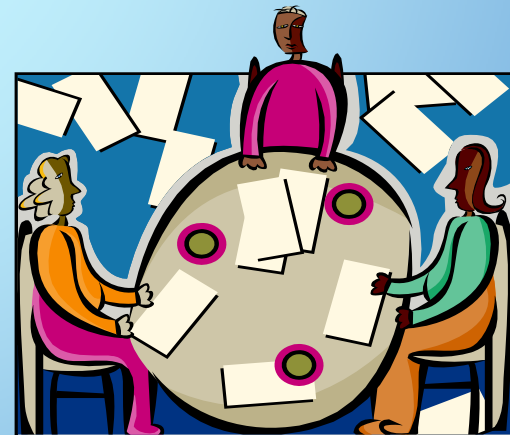
For What Non-Medical Emergencies Should Facilities Prepare?

- Fire: we will cover with LSC
- Power failure
- Equipment failure: HVAC
- Water supply interruption
- External disasters likely to occur in your area
 - Earthquake
 - Wildfire
 - Floods



What Does Preparation Involve?

- ✓ Development of policies & procedures
- ✓ Training staff
- ✓ Educating patients
- ✓ Emergency equipment in place and tested
- ✓ Written emergency plans in place and evaluated



About Policies & Procedures

- Must be facility-specific & address unique aspects:
 - Physical plant and equipment
 - Patient and staff characteristics
 - Geographic location & risks
 - Available resources
- Make them realistic and workable
- Review them at least annually
 - Evaluate how they worked during occurrences
 - Are they still up to date?

How Should Staff Be Prepared?

- Must provide emergency preparedness training & orientation to staff on all procedures appropriate to their job
- Evaluate staff knowledge at least annually by:
 - Written test; or
 - Demonstrated competence in emergency situation



What Else Should Staff Know?

- Staff must know emergency procedures well enough to teach patients for emergencies:
 - What to do
 - Where to go if facility is evacuated or closed
 - Whom to call if not at the facility, including
 - How to disconnect from the machine if an emergency occurs in the facility



Who Must Have Current CPR Certification?

At a minimum, all direct patient care staff (i.e., nurses & patient care technicians) must have current basic CPR certification



What Must Nurses Know About Emergency Equipment & Drugs

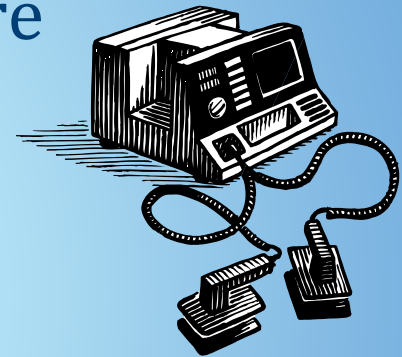
➤ Facility must ensure that nursing staff are properly trained

▪ To use emergency equipment:

- AED can be used by any trained person
- Defibrillator requires trained staff always onsite when patients are on dialysis

▪ To use onsite emergency drugs:

- May be determined by the medical director & defined by facility policy



What Must In-center Patients/ Designees Know?

- Same list that staff must know to teach patients
- The facility's disaster/emergency plan
- Enough of emergency procedures to know how to handle emergencies, both in & out of the dialysis facility



What Education Should Patients Have for Emergency Evacuation?

- For emergencies requiring evacuation patients should be able to state:
 - How to disconnect from dialysis, evacuate the facility, and reconvene outside; or
 - If unable to self-evacuate but cognitively sound, how staff would help them evacuate the facility

NOTE: The facility must have a system in place to identify patients who will need help to disconnect & evacuate in emergency (more on this in LSC)



What Else Should Home Patients Know about Handling Emergencies?

- How to handle medical & non-medical emergencies are included in the list of subject home patients must be taught (V585)
- Planning ahead for supplies
- Where to get emergency back-up dialysis



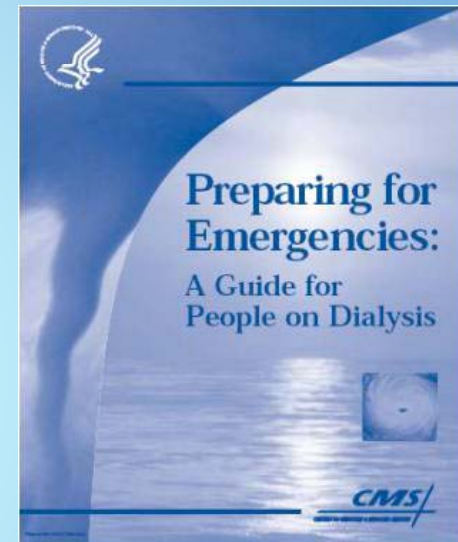
What Should Patients Know About Contacting the Facility?

- Phone number to call in an emergency
- Alternate emergency phone number to call:
 - If the facility phone is not answered
 - If the facility is non-operational



What Education Should Patients Have for Outside Emergencies?

- Patients/designees should know
 - What to do if unable to get to regular dialysis, including dietary and fluid precautions
 - To seek dialysis treatment
 - If relocated to an evacuation site, to report their need for dialysis to the appropriate authority



**I AM A DIALYSIS PATIENT.
VITAL INFORMATION**

NAME _____

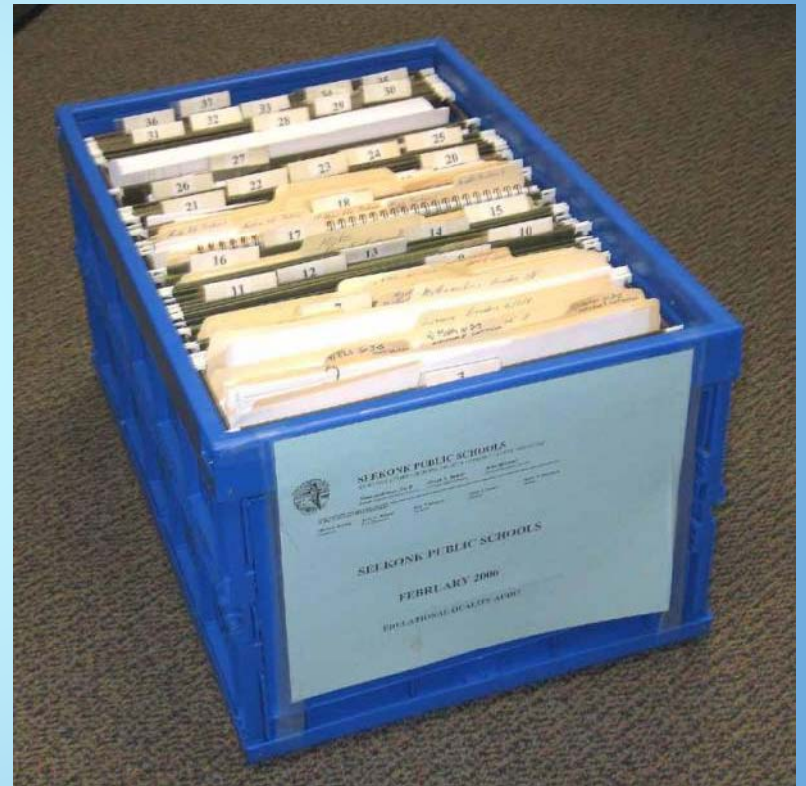
Network: _____ Toll-Free #: _____



KIDNEY COMMUNITY EMERGENCY RESPONSE (KCER) COALITION
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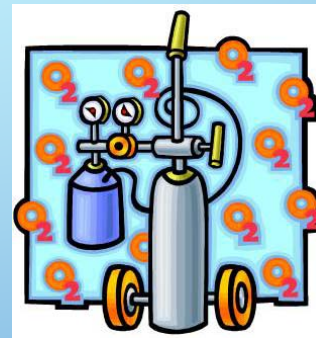
What Evidence of Patient Education Should Be In Medical Records?

- Emergency disconnect/evacuation
- Emergency/ disaster preparedness
- The method used to verify understanding:
 - Teach-back
 - Demonstration



What Equipment & Drugs Are Required?

- Emergency equipment, e.g., oxygen, airways, suction, defibrillator or AED, artificial resuscitator must be:
 - Clean, accessible, ready-to-use
 - Maintained
- Emergency drugs ordered by medical director
- Always on the premises & immediately available or if not on premises & facility is in a hospital, emergency response team must arrive in <4 minutes



What Evacuation Supplies Are Required?

- Make sure that sufficient amounts are available to accommodate evacuated hemodialysis patients
 - Non-expired emergency medications
 - Evacuation supplies such as:
 - Site dressings
 - Saline
 - IV tubing
 - Flashlights
 - Backup batteries for emergency equipment
- Must have a method for tracking patient demographic and medical information

What is the Purpose of an Emergency Preparedness Plan?

- To Implement policies & procedures that allow you:
 - To take immediate action
 - To ensure appropriate response
 - To restore treatments or safely transfer patients to alternate facilities for treatment



What is Required for Contact With the Disaster Management Agency?

- Develop a relationship with your local disaster management agency
- Document at least annual contact to:
 - Make sure the agency knows your facility's needs if there is an emergency/disaster
 - Obtain the agency's help to expedite restoration of interrupted services in an emergency or disaster



Who Else Should Dialysis Facilities Collaborate With?

- To assure availability of life saving dialysis in an emergency or disaster, collaborate with:
 - ESRD Network
 - Dialysis suppliers
 - Utility companies
 - State survey agencies
 - Area hospitals
 - Other dialysis facilities



What About Plans for EMS Help for Medical Emergencies?

- Must have a plan to obtain emergency medical system assistance when needed
- All members of the staff must be able to demonstrate knowledge of how to obtain emergency medical assistance, e.g., 911 system or equivalent for the locality



What About Hospital Care for Emergency Dialysis? (V770)

- Must have agreement with hospital for routine or emergency medical care:
 - Ensure hospital services are available promptly to the dialysis facility's patients when needed
 - Hospital must assure that patients from the dialysis facility will be accepted & treated in emergencies

How Should a Plan Be Evaluated?

- Emergency & disaster plans should be evaluated at least annually including review of any medical & non-medical emergencies that have occurred that year for:
 - Plan appropriateness & feasibility
 - Improvement opportunities
- Plans should be reviewed, updated, & revised as indicated



- Excellent
- Very good
- Good
- Average
- Poor

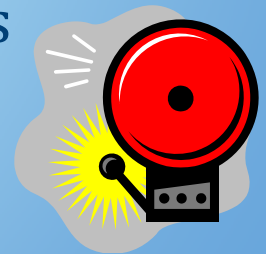
Life Safety Code Requirements

- ✓ Compliance with NFPA 101, 2000 Edition: AHC Chapters 20, 21
- ✓ Expected to be enforced in existing facilities in December 2010
- ✓ In CA will be conducted by CDPH LSC surveyors
 - Unannounced surveys



Written Fire Emergency Plan

- For the protection of all persons and for their evacuation in the event of a fire
- Must include specific procedures for:
 1. Use of fire alarms to warn facility occupants and to summon assistance
 2. Transmission of fire alarm signals to the fire department.
 3. Response to fire alarms
 4. Evacuation of the immediate area and any persons directly involved with the fire
 5. Isolation of the fire



Written Fire Emergency Plan (cont.)

6. Evacuation of the facility, including

- Disconnection of patients from hemodialysis treatments and their prompt evacuation via identified and unobstructed means of egress
- **Identification and listing of those patients who require staff assistance for disconnect and evacuation**
- Patient and staff training in fire emergency and disconnect procedures
- The designation of a safe meeting place for patients and staff to reconvene after evacuation, away from emergency responder equipment.

Written Fire Emergency Plan (cont.)

7. Preparation of the remainder of the building for evacuation
8. Extinguishment of the fire, including the location and use of portable fire extinguishers



What About Drills?

➤ Fire drills quarterly:

- Transmission of fire alarm
- Simulation of HD emergency disconnect
- Simulation of evacuation
- All shifts of patients and staff
 - Actively involve patients
 - Practice if staff can assist those patients on the list

➤ Mock emergency drills at least annually:

- To determine the staff's skill level
- To identify educational needs
- To determine plan's effectiveness
- Patient involvement is optional

RECORD ALL DRILLS!!!

Questions?